



City of Imperial Department of Parks and Recreation Registration Form

3 Easy Ways to Register



1. Phone
(760) 355-3316



2. Walk-in
City Hall



3. Mail/Dropbox
420 S. Imperial Ave.



Parks Make Life Better!

General Information

- Classes may be cancelled due to lack of enrollment. Please make every effort to preregister 2 weeks in advance so a class will not be cancelled unnecessarily.
- Mark your calendar when you register for a class and assume you are enrolled unless you hear otherwise. You will not be sent a receipt.
- Occasionally, City of Imperial residents pay a discounted fee. Residents must reside within the city limits of Imperial or own property within the city limits. If you do not pay your utility bill to the City of Imperial, you are not a City resident. If you own property here, but do not live here and you attend a "resident only" tryout or registration, you will be asked to provide verification. To show verification of residency, bring a picture ID and a City of Imperial utility bill, tax receipt or property deed to your tryout or registration.

General Information (Continued)

- In compliance with the ADA, the City of Imperial, Recreation Department encourages those with disabilities to participate in our programs. If you have special needs, please call us at 760 -355-3316 at least 2 weeks prior to the class start date.

Refund Policy

Full refunds will be given to cancellations received seventy-two (72) hours prior to the first class, unless otherwise noted in the program description but will be subject to a \$25 processing fee. Failure to attend a program or "no shows" will not be granted a refund. Trip refund requests must be made prior to individual trip registration deadline to ensure a full refund. After trip deadline, full refund will be granted only if space can be filled. If you are not satisfied with any of our programs, please contact the program supervisor. Requests for refunds must be done in writing.

Registration Form and Waiver: City of Imperial

Waiver, Release, Assumption of Risk and Indemnity Agreement

Adult/Parent/Guardian _____ Phone/Home _____ Work _____
 Address _____ City _____ Zip _____
 Alternate/Emergency Contact _____ Relationship _____ Phone _____
 PLEASE CIRCLE ONE: CITY RESIDENT NON-RESIDENT E-mail Address _____
 Payment: Check (payable to City of Imperial) Visa MasterCard Discover # _____ Exp. Date _____

In consideration of the permission by the City of Imperial (City) to accept the above named participant(s) in the activity(ies) listed above given, taught or sponsored by the City, the undersigned hereby releases the City from and waives and relinquishes any claim, liability, cause of action, damages, or costs for personal injury or property damage arising as a result of participation in or receiving instructions from the City regarding said activity, excepting for such personal injury or property damage as may arise directly out of the active negligence of the City, its officers, agents or employees. The undersigned acknowledges that he/she has been fully advised of the risks and potential dangers incidental to engaging in the activity for which this registration is submitted and voluntarily and knowingly assumes the risks of engaging in the activity.

NOTE: By signing this agreement, you are agreeing to release photo rights and relieve the City of liability for personal injury, wrongful death or property damage except as may be caused by the active negligence of the CITY.

Photo/Video Waiver: I understand that the City of Imperial (City) staff reserves the right to photograph and/or videotape facilities, activities and program participants for potential future use. I hereby grant permission to the City to use my or my participant's photograph and/or video footage for any lawful purpose, including for example such purposes as publicity, advertising and website entries. I understand that I will not be paid or receive anything related to the City's use of my/my participant's photograph and/or video. I understand that all photographs and videos will remain the property of the City and I acknowledge the City's right to alter or edit any photographs and/or videos at its discretion. I agree to release the City from any and all legal claims I or a third party may have arising from the use of my/my participant's photograph and/or video footage.

*Participant(s) or legal guardian must complete waiver form in its entirety prior to the first class meeting. If waiver is not signed, participant will not be registered and form will be returned.

Signature of Participant (if under 18, Parent or Guardian) _____ Date _____

CLASS CODE #	PARTICIPANT'S FIRST NAME	T-shirt Size	DATE OF BIRTH	CLASS NAME	SESSION DATES	FEE
1.						
2.						
3.						

